

Inspection Report

14 September 2021



Belmont

Type of service: Nursing Home
**Address: Parklands Close, 81 Tillysburn Park, Belfast
BT4 2PD**
Telephone number: 028 90 763 408

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual: Mrs Natasha Southall	Registered Manager: Mrs Aleyamma George Date registered: 15 June 2020
Person in charge at the time of inspection: Mrs Aleyamma George - Registered Manager	Number of registered places: 48 There shall be a maximum of 1 named resident receiving Category of Care RC-I.
Categories of care: Nursing Home (NH) I – Old age not falling within any other category PH – Physical disability other than sensory impairment PH(E) - Physical disability other than sensory impairment – over 65 years TI – Terminally ill.	Number of patients accommodated in the nursing home on the day of this inspection: 34
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 48 patients. The home is located over two floors with patient's bedrooms located on the first and second floor.	

2.0 Inspection summary

An unannounced inspection took place on 14 September 2021 from 9.30 am to 5.00 pm by a care inspector.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Six new areas requiring improvement were identified during this inspection. This is discussed within the main body of the report and Section 7.0.

Patients were happy to engage with the inspector and share their experiences of living in the home. Patients expressed positive opinions about the home and the care provided. Patients said that staff were helpful and pleasant in their interactions with them.

RQIA were assured that the delivery of care and service provided in Belmont was provided in a compassionate manner.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection patients, staff and relatives were asked for their opinion on the quality of the care and their experience of living, visiting or working in Belmont. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The findings of the inspection were provided to the regional manager at the conclusion of the inspection.

4.0 What people told us about the service

Nine patients, six staff and one relative were spoken with. Five questionnaires were returned by relatives who indicated a high level of satisfaction with the care provided in Belmont. No feedback was received from the staff online survey. Varied opinions were given about visiting arrangements in the home; the manager was informed of this information prior to the issue of the report for their attention and action as required.

Patients spoke highly of the care that they received and about their interactions with staff. Patients confirmed that staff treated them with dignity and respect and that they would have no issues in raising any concerns with staff.

Staff acknowledged the challenges of working through the COVID – 19 pandemic but all staff agreed that Belmont was a good place to work. Staff were complimentary in regard to the home's management team and spoke of how much they enjoyed working with the patients.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 30 September 2020		
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015		Validation of compliance
Area for Improvement 1 Ref: Standard 46 Stated: First time	The registered person shall ensure that all staff are aware of and are familiar with the correct procedure for the donning and doffing of personal protection equipment.	Not met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was not met.	
Area for Improvement 2 Ref: Standard 12 Stated: First time	The registered person shall ensure that the arrangements at mealtimes are reviewed and that staff are aware of the need to sit beside patients when assisting them with their meal. If music is being played during the meal service it should be familiar to and appropriate to the patients.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

A review of staff selection and recruitment records evidenced that staff were recruited safely ensuring that all pre-employment checks had been completed prior to each staff member commencing in post. All staff were provided with a comprehensive induction programme to prepare them for providing care to patients. Checks were made to ensure that staff maintained their registrations with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC).

The staff duty rota accurately reflected the staff working in the home on a daily basis. This rota identified the person in charge when the manager was not on duty. Review of records confirmed all of the staff who take charge of the home in the absence of the manager had completed a competency and capability assessment to be able to do so.

There were systems in place to ensure that staff were trained and supported to do their job. Staff consulted with confirmed that they received regular training in a range of topics such as moving and handling, infection prevention and control (IPC) and fire safety. The majority of training during the COVID-19 pandemic had been completed electronically. Review of training compliance records identified improvements in mandatory training uptake was required. An area for improvement was identified.

Review of staff training records confirmed that all staff were required to complete adult safeguarding training on an annual basis. Staff were able to correctly describe their roles and responsibilities regarding adult safeguarding.

Staff said they felt well supported in their role and the level of communication between staff and management. Staff reported good team work and said when planned staffing levels were adhered to they had no concerns regarding the staffing levels.

Patients spoke highly about the care that they received and confirmed that staff attended to them in a timely manner; patients also said that they would have no issue with raising any concerns to staff. It was observed that staff responded to patients' requests for assistance in a prompt, caring and compassionate manner. Relatives spoken with and those who returned questionnaires expressed no concerns regarding staffing arrangements in the home.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of patients' needs, their daily routine, wishes and preferences. Staff confirmed the importance of keeping one another up to date with any changing needs in patients' care throughout the day.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner and by offering personal care to patients discreetly. Staff were observed to be prompt in recognising patients' needs and any early signs of distress, especially in those patients who had difficulty in making their wishes known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs.

Patients who were less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly. Examination of the recording of repositioning records evidenced minor deficits in record keeping. Reviews of supplementary records such as personal care, bowel charts and food and fluid intake evidenced these were generally well completed. However, topical medicine administration records reviewed highlighted multiple gaps in record keeping. This was discussed with the manager who agreed to meet with staff and monitor completion of these records through an audit. An area for improvement was identified.

Management of wound care was examined. Review of two identified patients care records confirmed wound assessments and evaluations were completed after their wound was dressed. There was evidence that registered nursing staff had consulted with the Tissue Viability Specialist Nurse (TVN) regarding management of one of the wounds. Examination of daily progress notes identified inaccurate statements were recorded regarding the condition of both patients' skin. In addition, the daily progress notes did not consistently include an evaluation of the wounds on the days they were dressed. An area for improvement was identified.

Where a patient was at risk of falling, measures to reduce that risk were put in place, for example, through use of an alarm mat. Falls in the home were monitored monthly to enable the manager to identify if any patterns were emerging which in turn could assist the manager in taking actions to prevent further falls from occurring. There was a system in place to ensure that accidents and incidents were notified to patients' next of kin, their care manager and to RQIA, as required.

Review of the management of one fall evidenced appropriate actions were not consistently taken following the fall in keeping with best practice guidance. Examination of care records confirmed that registered nursing staff did not consistently record clinical observations after the fall and daily evaluation records did not consistently comment on the patient's neurological status. An area for improvement was identified.

At times, some patients may be required to use equipment that can be considered to be restrictive, for example, bed rails. Review of patients' records and discussion with the manager and staff confirmed that the correct procedures were followed if restrictive equipment was used. It was good to note that, where possible, patients were actively involved in the consultation process associated with the use of restrictive interventions and their informed consent was obtained.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Lunch was a pleasant and unhurried experience for the patients. The food served was attractively presented and smelled appetising and portions were generous. A variety of drinks were served with the meal. Patients may need support with meals ranging from simple encouragement to full assistance from staff. Staff attended to residents' dining needs in a caring and compassionate manner while maintaining written records of what residents had to eat and drink, as necessary. Patients spoke positively in relation to the quality of the meals provided.

Plastic tumblers were used at mealtimes for serving drinks to patients; glassware was not available. Some patients spoken with said they would prefer to drink from a glass. The manager agreed to complete dining audits and review the use of plastic tumblers to ensure patients who prefer to use glassware are facilitated.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans should be developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. Review of one identified patient's care records evidenced that most of their care plans had been developed within a timely manner to accurately reflect most of the patient's assessed needs. It was pleasing to note that many of the care plans reviewed were patient centred and evidenced involvement of the patient and/or their family. However, not all care plans had been developed within a timely manner to accurately reflect the patient's assessed needs. An area for improvement was identified.

Patients' individual likes and preferences were reflected throughout the care records. Care plans were detailed and contained specific information on each patient's care needs and what or who was important to them. From review of records it was noted that some nursing entries were difficult to read and some of the monthly evaluations of care contained repetitive statements. This was discussed with the manager who agreed to meet with registered nursing staff and monitor completion of care records.

Daily records were kept of the care and support provided by staff. The outcome of visits from and consultations with any healthcare professional was also recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment evidenced the home was warm, clean and comfortable. There were no malodours detected in the home.

Patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, clean and tidy. A small number of bedrooms did not have a table top facility or bedside light. The manager agreed to audit the bedrooms in the home to ensure they were in keeping with standard E20 of the Care Standards for Nursing Homes 2015.

Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices. The lounges were arranged in such a way that patients could safely socially distance; although the dining areas were not. This was discussed with the manager who agreed to reconfigure the dining area to facilitate social distancing.

Fire safety measures were in place to ensure that patients, staff and visitors to the home were safe. Most staff were aware of their training in these areas and how to respond to any concerns or risks; although two staff spoken with were not. This was discussed with the manager who agreed to review the training needs of the identified staff. A fire risk assessment had been completed on 17 December 2021 and the manager confirmed all recommendations were addressed. Corridors and fire exits were clear of clutter and obstruction.

Food and fluid thickening agent was observed to be stored in areas accessible to patients on two occasions. This was discussed with staff who arranged for its safe storage. The manager agreed to address this with staff through supervision.

The manager said that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. The home was participating in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

All visitors to the home had a temperature check when they arrived. They were also required to wear personal protective equipment (PPE). There were laminated posters displayed throughout the home to remind staff of good hand washing procedures and the correct method for applying and removing of PPE. There was an adequate supply of PPE although hand sanitiser.

Discussion with staff confirmed that training on IPC measures and the use of PPE had been provided. While some staff were observed to carry out hand hygiene at appropriate times and to use PPE correctly; other staff did not. Some staff were not familiar with the correct procedure for the donning and doffing of PPE. This was identified as an area for improvement at the last care inspection; it has been subsumed into a new area for improvement under the regulations. Hypochlorite cleaning solution was observed to be used inappropriately and was not diluted in keeping with manufacturer's guidance. Staff spoken with required additional training regarding management of cleaning chemicals. An area for improvement was identified. The manager advised they had identified a staff member to lead on IPC and confirmed in an email received following the inspection that actions had been taken to address the above deficits.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. For example, some patients told us they liked the privacy of their bedrooms, but enjoyed going to the dining room for meals and choosing where to sit with their friends. Other patients preferred to enjoy their meals and socialise in the lounge.

Patients were observed enjoying listening to music, reading newspapers/magazines and watching TV. Patients and relatives spoke fondly about the Personal Activity Lead (PAL). The PAL said they did a variety of one to one and group activities to ensure all patients had some level of activity. Review of the activity planner displayed in the downstairs foyer confirmed a variety of activities were on offer such as exercises, music, hairdressing, video calls and church services. It was noted that no activity board was available for patients on the first floor. This was discussed with the manager who agreed to address this.

Activity records were maintained by the PAL, however examination of these records confirmed they were not maintained when the PAL was not working. Review of daily progress notes confirmed staff did not regularly comment on how each patient spent their day and not all patients had an up to date activity care plan. Discussion with staff confirmed that no staff are allocated to provide activities in the absence of the activity co-ordinator. Staff spoken with confirmed they find it difficult to provide activities due to ongoing work demands. This was discussed with the manager and an area for improvement was identified.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients. Varied comments were received from both relatives and patients regarding visiting and care partner arrangements. This was discussed with the manager who agreed to speak with relatives as required about the current guidance on visiting from the Department of Health.

5.2.5 Management and Governance Arrangements

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

There has been no change in the management of the home since the last inspection. Mrs Aleyamma George has been the registered manager in this home since 15 June 2020.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. The manager or delegated staff members completed regular audits to quality assure care delivery and service provision within the home. The quality of the audits was generally good. Given the deficits identified in the care records and IPC, the manager agreed to increase audit activity around care records and the IPC opportunities observed.

Review of records confirmed that systems were in place for staff appraisal and supervision.

There was a system in place to manage complaints. There was evidence that the manager ensured that complaints were managed correctly and that good records were maintained. The manager told us that complaints were seen as an opportunity for the team to learn and improve. Patients said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

Staff commented positively about the manager and described them as supportive, approachable and always available for guidance. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

A review of the records of accidents and incidents which had occurred in the home found that these were generally well managed correctly and reported appropriately. Review of records identified one notifiable event which had not been reported. This was submitted retrospectively.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail. These are available for review by patients, their representatives, the Trust and RQIA.

6.0 Conclusion

Patients were observed to be comfortable in their surroundings and were attended to by staff in a timely and effective manner. Patients' dignity was maintained throughout the inspection and staff were observed to be polite and respectful to patients and each other.

New areas requiring improvement were identified in relation to falls management, infection prevention and control practices and mandatory training. Further areas for improvement were identified in relation to record keeping, care planning and activity provision. One area for improvement regarding staff knowledge in relation to donning and doffing of PPE was subsumed into a new area for improvement under the regulations.

Based on the inspection findings and discussions held, RQIA are satisfied that this service is providing care in a compassionate manner. Compliance with the areas for improvement identified will further enhance the service provided.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	2	4

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Aleyamma George, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection onwards</p>	<p>The registered person shall ensure that nursing staff carry out clinical/neurological observations, as appropriate, for all patients following a fall and that all such observations/actions taken post fall are appropriately recorded in the patient's care record.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken:</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection onwards</p>	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement relates to the following:</p> <ul style="list-style-type: none"> • donning and doffing of personal protective equipment • appropriate use of personal protective equipment • staff knowledge and practice regarding hand hygiene • appropriate use of hypochlorite solution • staff knowledge and training regarding the use of cleaning chemicals. <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken:</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 39.9 Stated: First time To be completed by From the date of the inspection onwards	The registered person shall ensure that mandatory training requirements are met. Ref: 5.2.1
	Response by registered person detailing the actions taken:
Area for improvement 2 Ref: Standard 4.9 Stated: First time To be completed by: From the date of the inspection onwards	The registered person shall ensure accurate and contemporaneous nursing records are kept in relation to topical medicine administration and wound care. Ref: 5.2.2
	Response by registered person detailing the actions taken:
Area for improvement 3 Ref: Standard 4.1 Stated: First time To be completed by: From the date of the inspection onwards	The registered person shall ensure an initial plan of care based on the pre-admission assessment and referral information is in place within 24 hours of admission. The care plans should be further developed within five days of admission. Ref: 5.2.2
	Response by registered person detailing the actions taken:

Area for improvement 4 Ref: Standard 11 Stated: First time To be completed by: From the date of the inspection onwards	The registered person shall ensure that the provision of activities in the home is reviewed to make sure that meaningful activities are provided to patients in the absence of the Personal Activity Lead. Activities must be integral part of the care process and care planned for. A contemporaneous record of activities delivered must be retained. Ref: 5.2.4
	Response by registered person detailing the actions taken:

Please ensure this document is completed in full and returned via Web Portal



The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews

Assurance, Challenge and Improvement in Health and Social Care